

Total Population **824,492** 

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

### 80,744

### **Veterans**

#### 9.8% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

38,588 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

11,440
Military Members
1.4% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	87.1%	85.8%	91.0%
Female	12.9%	14.2%	9.0%



Congressional District 1 has **274,000** total households, **68,701** or **25.1%** of those are veteran households.

### 18,601

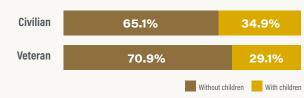
### **Military Dependents**

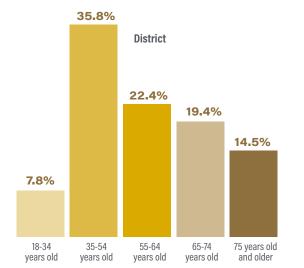
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

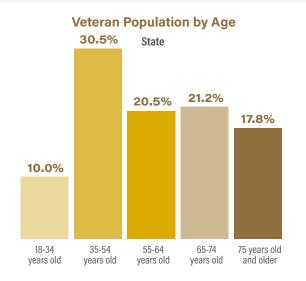
### Disability

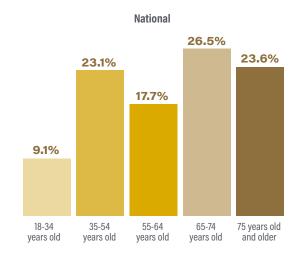
Civilians		11.3%	
	Veterans	29.1%	

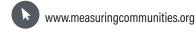
### **Households and Children**





















# Virginia Congressional District 1 Health and Well-Being

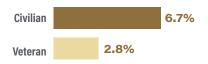
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	7.9%	9.9%	11.8%
Veteran Poverty Rate	2.7%	5.0%	6.7%
Child Poverty Rate (18 and younger)	8.3%	13.7%	18.0%
Veteran Uninsured	1.7%	2.9%	3.2%
Unemployment (Feb. 2020)	2.7%	2.6%	3.5%
Unemployment (May 2020)	8.7%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



	Percentage	Number
Low income civilian population living a mile or more from a supermarket	23.6%	178,939

**Food Desert** 

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Essex, King and Queen, King George, Lancaster, Middlesex, Northumberland, Richmond, and Westmoreland in Congressional District 1 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

6.01-37.76 4.28-50.56

In Congressional District 1, areas of concern include the counites of King and Queen, Lancaster, and Richmond. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

34-53 34-65

In Congressional District 1, the counties of Caroline, Essex, Gloucester, Hanover, King and Queen, King George, Lancaster, Matthews, Middlesex, Northumberland, Prince William, Richmond, Stafford, and Westmoreland have livability scores that are below averge. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 723,927 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

### 91,705

### **Veterans**

#### 12.7% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

42,250

### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

34,111 **Military Members** 

4.7% of total population Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	83.0%	85.8%	91.0%
Female	17.0%	14.2%	9.0%

Congressional District 2 has 276,057 total households, 81,031 or 29.4% of those are veteran households.

### 46,312

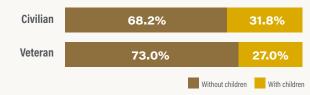
### **Military Dependents**

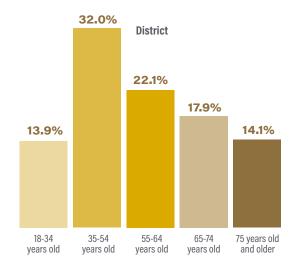
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

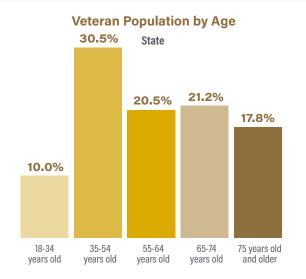
### Disability

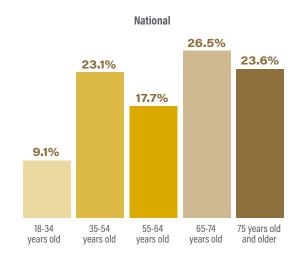
Civilians	12.3%
Veterans	35.7%

### **Households and Children**





















### **Virginia Congressional District 2 Health and Well-Being**

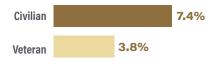
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	8.5%	9.9%	11.8%
Veteran Poverty Rate	4.7%	5.0%	6.7%
Child Poverty Rate (18 and younger)	12.4%	13.7%	18.0%
Veteran Uninsured	3.1%	2.9%	3.2%
Unemployment (Feb. 2020)	2.9%	2.6%	3.5%
Unemployment (May 2020)	10.0%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



### Percentage Number Low income civilian population

153,130

20.8%

living a mile or

more from a supermarket

**Food Desert** 

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/ Explore Census Data. (n.d.). Retrieved July 9, 2020, from https://data.census.gov/cedsci/

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### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Accomack and Northampton in Congressional District 2 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

11.21-31.08 4.28-50.56

In Congressional District 2, areas of concern include the counties of Accomack and Northampton. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

34-65 41-58

In Congressional District 2, the counties of Accomack, Northampton, and Virgina Beach have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality



Total Population **760,127** 

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84,639

### **Veterans**

#### 11.1% of total population

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39,538 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

26,286
Military Members
3.5% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	81.1%	85.8%	91.0%
Female	18.9%	14.2%	9.0%

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Congressional District 3 has **283,185** total households, **74,507** or **26.3%** of those are veteran households.

35,045

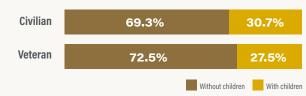
### **Military Dependents**

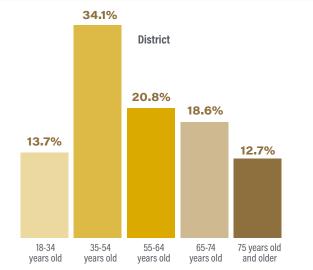
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

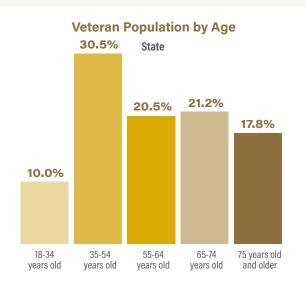
### Disability

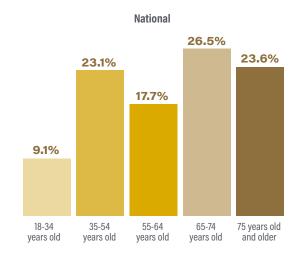
Civilians	13.9%
Veterans	33%

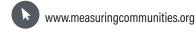
### **Households and Children**





















# Virginia Congressional District 3 Health and Well-Being

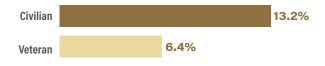
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	14.8%	9.9%	11.8%
Veteran Poverty Rate	7.2%	5.0%	6.7%
Child Poverty Rate (18 and younger)	21.7%	13.7%	18.0%
Veteran Uninsured	4.3%	2.9%	3.2%
Unemployment (Feb. 2020)	3.4%	2.6%	3.5%
Unemployment (May 2020)	11.1%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



### Food Desert

Percentage Number

Low income civilian population living a mile or more from a supermarket

23.2% 172,435

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from https://livabilityindex.aarp.org/

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### **Rural-Urban Continuum**

According to the Rural Urban Continuum, the county of Isle of Wright in Congressional District 3 is defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

14.63 4.28-50.56

In Congressional District 3, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

49 34-65

In Congressional District 3 Isle of Wight County has a livability score that is below average. This indicates that this county has scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 768,382

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### 60,742

### **Veterans**

#### 7.9% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

27,950 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

**7,988**Military Members
1% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	84.9%	85.8%	91.0%
Female	15,1%	14.2%	9.0%

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Congressional District 4 has **289,405** total households, **53,616** or **18.5%** of those are veteran households.

11,206

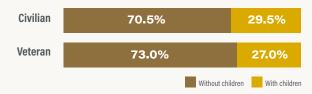
### **Military Dependents**

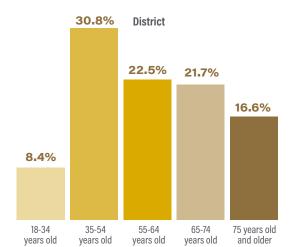
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

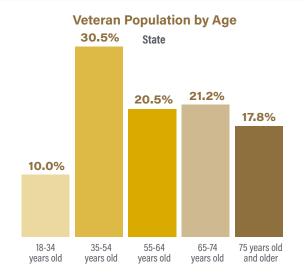
### Disability

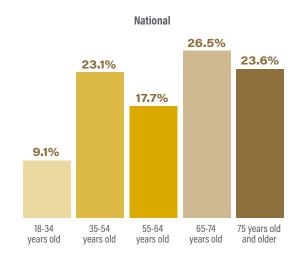
Civilians	15.2%
Veterans	30.8%

### **Households and Children**





















# Virginia Congressional District 4 Health and Well-Being

### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	12.3%	9.9%	11.8%
Veteran Poverty Rate	6.2%	5.0%	6.7%
Child Poverty Rate (18 and younger)	23.5%	13.7%	18.0%
Veteran Uninsured	3.0%	2.9%	3.2%
Unemployment (Feb. 2020)	3.1%	2.6%	3.5%
Unemployment (May 2020)	10.5%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



### **Food Desert**

	Percentage	Number	
Low income civilian population living a mile or more from a supermarket	27.4%	203,890	

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

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#### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Greensville, Southampton, and Surry in Congressional District 4 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

9.20-41.84 4.28-50.56

In Congressional District 4, areas of concern include the counties of Charles City, Surry, Sussex, and Greensville. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

39-52 34-65

In Congressional District 4, the counties of Charles City, Chesterfield, Dinwiddle, Greensville, Prince George, Southampton, Surry, and Sussex have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 735,766

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

### 52,196

### **Veterans**

### 7.1% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

16,523 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

2,502
Military Members
0.3% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	90%	85.8%	91.0%
Female	10%	14.2%	9.0%



Congressional District 5 has **286,360** total households, **49,144** or **17.2%** of those are veteran households.

**3,101**Military Den

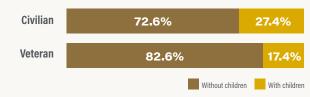
**Military Dependents** 

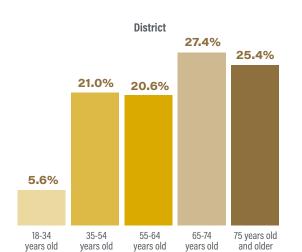
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

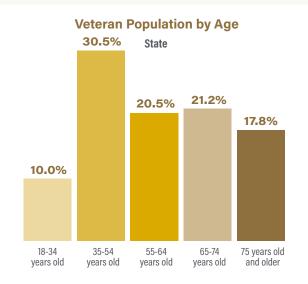
### Disability

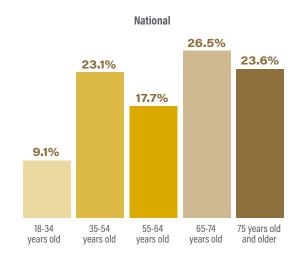
Civilians	14.5%
Veterans	21.6%

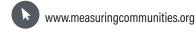
### **Households and Children**





















# Virginia Congressional District 5 Health and Well-Being

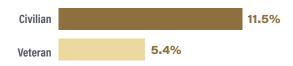
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	12.9%	9.9%	11.8%
Veteran Poverty Rate	6.3%	5.0%	6.7%
Child Poverty Rate (18 and younger)	20.1%	13.7%	18.0%
Veteran Uninsured	3.4%	2.9%	3.2%
Unemployment (Feb. 2020)	3.1%	2.6%	3.5%
Unemployment (May 2020)	8.5%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



	Percentage	Number
Low income civilian population living a mile or more from a supermarket	16.4%	119,679

**Food Desert** 

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

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#### Rural-Urban Continuum

According to the Rural-Urban Continuum, the counties of Brunswick, Charlotte, Cumberland, Halifax, Henry, Lunenburg, Mecklenburg, Pittsylvania, and Prince Edward in Congressional District 5 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District

State

15.24-50.56 4.28-50.56

In Congressional District 5, areas of concern include the counties of Brunswick, Buckingham, Charlotte, Cumberland, Franklin, Halifax, Henry, Lunenburg, Mecklenburg, and Prince Edward. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District

State

36-65

34-65

In Congressional District 5, the counties of Albemarie, Appomattox, Brunswick, Charlotte, Cumberland, Fluvanna, Franklin, Greene, Lunenburg, Madison, Nelson, Pittsylvania, Prince Edward, Rappahannock, and Warren have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 755,012 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

49,305

### **Veterans**

#### 6.5% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

15,936 **Veteran Dependents** 

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

2,124 **Military Members** 0.3% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	91.7%	85.8%	91.0%
Female	8.3%	14.2%	9.0%

Congressional District 6 has 292,562 total households, 47,434 or 16.2% of those are veteran households.

2,121

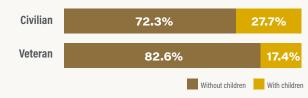
### **Military Dependents**

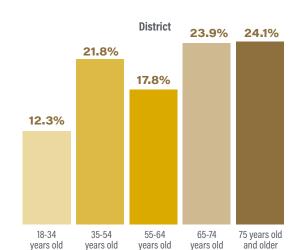
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

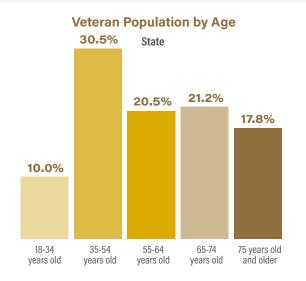
### Disability

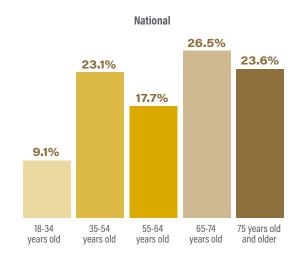
Civilians	12.9%
Veterans	21.7%

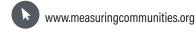
### **Households and Children**





















# Virginia Congressional District 6 Health and Well-Being

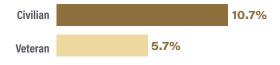
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	12.2%	9.9%	11.8%
Veteran Poverty Rate	7.9%	5.0%	6.7%
Child Poverty Rate (18 and younger)	15.4%	13.7%	18.0%
Veteran Uninsured	4.0%	2.9%	3.2%
Unemployment (Feb. 2020)	2.8%	2.6%	3.5%
Unemployment (May 2020)	9.0%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

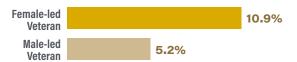
### **Households on SNAP benefits**



### **Food Desert**

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	17.4%	128,566

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

AARP Livability Index - Great Neighborhoods for All Ages. (n.d.). Retrieved July 9, 2020, from <a href="https://livabilityindex.aarp.org/">https://livabilityindex.aarp.org/</a>
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### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Bath, Highland, Page, Rockbridge, and Shenandoah in Congressional District 6 are defined as rrual.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

State

District

16.62-45.66 4.28-50.56

In Congressional District 6, areas of concern include the counties of Highland, Page, and Shenandoah. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State
41-65 34-65

In Congressional District 6, the counties of Amherst, Augusta, Bath, Page, Roanoke, Rockbridge, Rockingham, Shenandoah, and Warren have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 802,921 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

53,720

### **Veterans**

#### 6.7% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

24,756

**Veteran Dependents** 

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

4,066 **Military Members** 0.5% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	88.8%	85.8%	91.0%
Female	11.2%	14,2%	9.0%

Congressional District 7 has 284,974 total households, **52,035** or **18.3%** of those are veteran households.

5,831

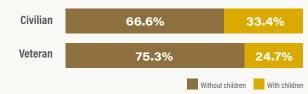
### **Military Dependents**

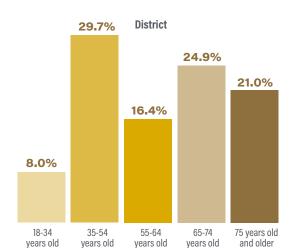
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

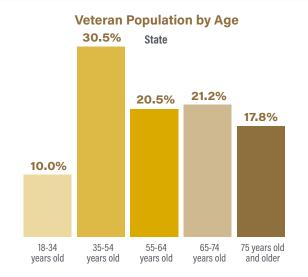
### **Disability**

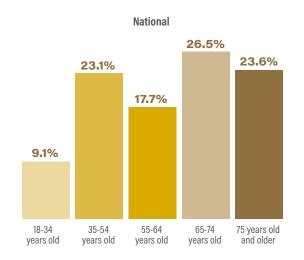
Civilians	12.1%
Veterans	25.8%

### **Households and Children**





















# Virginia Congressional District 7 Health and Well-Being

### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	7.9%	9.9%	11.8%
Veteran Poverty Rate	4.5%	5.0%	6.7%
Child Poverty Rate (18 and younger)	10.7%	13.7%	18.0%
Veteran Uninsured	2.3%	2.9%	3.2%
Unemployment (Feb. 2020)	2.7%	2.6%	3.5%
Unemployment (May 2020)	8.8%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

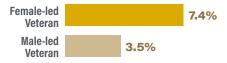
### **Households on SNAP benefits**



### Food Desert

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	26.8%	203,162

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

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### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Louisa, Nottoway, and Orange in Congressional District 7 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District

State

9.20-44.39

4.28-50.56

In Congressional District 7, areas of concern include the counties of Amelia, Louisa, and Nottoway. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District

State

37-59

34-65

In Congressional District 7, the counties of Chesterfield, Culpeper, Orange, and Powhatan have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



Total Population 812,568

The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives.

To view congressional districts, visit www.govtrack.us/congress/members/map

50,608

### **Veterans**

#### 6.2% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

19,491 Veteran Dependents

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

12,650 Military Members

**1.6% of total population**Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State Nationa	
Male	81.6% 85.8%		91.0%
Female	18.4%	14.2%	9.0%

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Congressional District 8 has **315,229** total households, **46,104** or **14.6%** of those are veteran households.

17,221

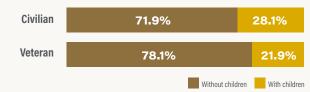
### **Military Dependents**

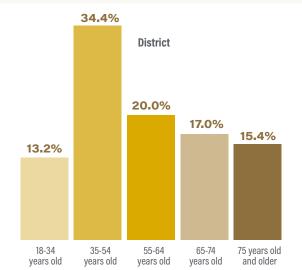
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

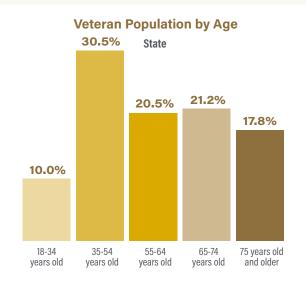
### Disability

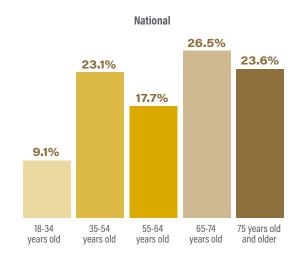
Civilians	7.6%	
Veterans	31.6%	

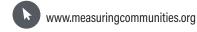
### **Households and Children**





















# Virginia Congressional District 8 Health and Well-Being

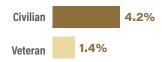
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	8.4%	9.9%	11.8%
Veteran Poverty Rate	2.6%	5.0%	6.7%
Child Poverty Rate (18 and younger)	10.6%	13.7%	18.0%
Veteran Uninsured	1.7%	2.9%	3.2%
Unemployment (Feb. 2020)	2.0%	2.6%	3.5%
Unemployment (May 2020)	7.8%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

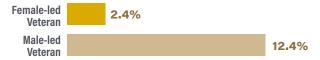
### **Households on SNAP benefits**



### Food Desert

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	7.2%	55,440

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

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### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Arlington and Fairfax in Congressional District 8 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

4.28-10.73 4.28-50.56

In Congressional District 8, there are no areas of concern. The digital divide index is a value ranging from 0 to 100,100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

48-49 34-65

In Congressional District 8, the counties of Arlington and Fairfax have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 704,078 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

42,892

### **Veterans**

#### 6.1% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

12,680

### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

1.731

**Military Members** 0.2% of total population Active Duty and Selected Reserve 2019

#### **Veteran Population by Gender** Gender District State National Male 93% 85.8% 91.0%

14.2% 7% 9.0% Female

Congressional District 9 has 286,361 total households, 40,863 or 14.3% of those are veteran households.

1.746

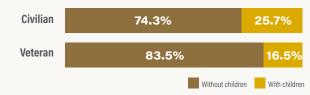
### **Military Dependents**

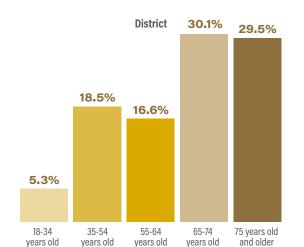
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

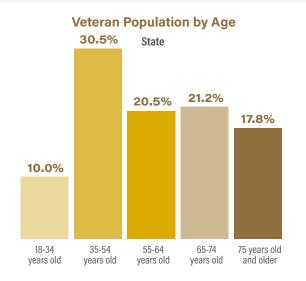
### Disability

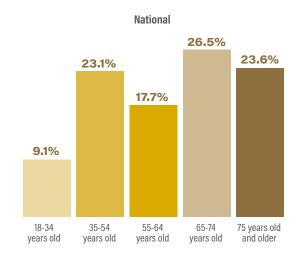
Civilians	20.8%	
Veterans	24.3%	

### **Households and Children**





















# Virginia Congressional District 9 Health and Well-Being

### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	17.2%	9.9%	11.8%
Veteran Poverty Rate	9.0%	5.0%	6.7%
Child Poverty Rate (18 and younger)	25%	13.7%	18.0%
Veteran Uninsured	4.0%	2.9%	3.2%
Unemployment (Feb. 2020)	3.9%	2.6%	3.5%
Unemployment (May 2020)	9.4%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



# Low income civilian population living a mile or more from a supermarket

**Food Desert** 

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

### References

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#### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Alleghany, Bland, Buchanan, Carroll, Dickenson, Grayson, Henry, Lee, Patrick, Russell, Smith, Tazewell, Wise, and Wythe in Congressional District 9 are defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

16.62-45.30 4.28-50.56

In Congressional District 9, areas of concern include the counties of Alleghany, Buchanan, Carroll, Craig, Dickenson, Floyd, Henry, Lee, Patrick, Russell, Scott, Smith, Tazewell, Wise, and Wythe. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State **39-60 34-65** 

In Congressional District 9, the counties of Bland, Buchanan, Carroll, Craig, Floyd, Giles, Grayson, Lee, Patrick, Pulaski, Roanoke, Russell, Scott, Smith, Tazewell, Wise, and Wythe have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.



**Total Population** 857,693 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

53,240

### **Veterans**

#### 6.2% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

28,255

### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

7,208 **Military Members** 0.8% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	86.2%	85.8%	91.0%
Female	13.8%	14.2%	9.0%

Congressional District 10 has 278,385 total households, 46,102 or 16.6% of those are veteran households.

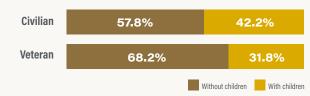
### **Military Dependents**

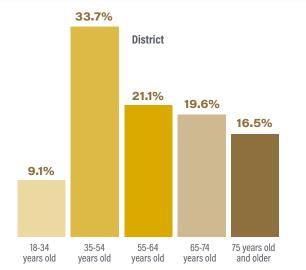
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

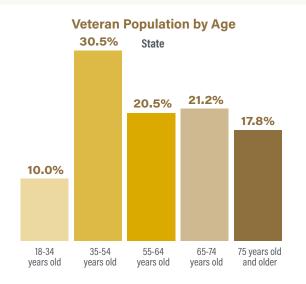
### **Disability**

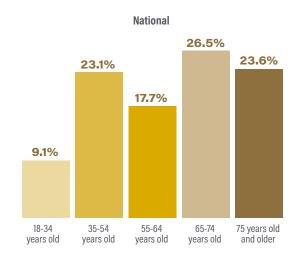
Civilians	7.6%
Veterans	29.8%

### **Households and Children**





















### **Virginia Congressional District 10 Health and Well-Being**

### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	3.5%	9.9%	11.8%
Veteran Poverty Rate	2.5%	5.0%	6.7%
Child Poverty Rate (18 and younger)	4.8%	13.7%	18.0%
Veteran Uninsured	2.1%	2.9%	3.2%
Unemployment (Feb. 2020)	2.2%	2.6%	3.5%
Unemployment (May 2020)	8.6%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**

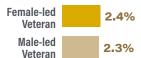


### **Food Desert**

civilian

	Percentage	Number	
Low income ilian population living a mile or more from a supermarket	23.7%	185,531	_

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

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#### **Rural-Urban Continuum**

According to the Rural-Urban Continuum, the counties of Clarke, Fairfax, Frederick, Loudon, and Prince William in Congressional District 10 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

8.61-20.54 4.28-50.56

In Congressional District 10, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

34-65 43-53

In Congressional District 10, the counties of Clarke, Fairfax, Frederick, and Prince William have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality



**Total Population** 789,553 The Military Family Research Institute (MFRI) at Purdue University collaborated with a Purdue University Masters of Public Health student intern to provide a public health-focused snapshot of the veteran, military and civilian population within each congressional district. Data was collected from multiple sources including MFRI's Measuring Communities online data portal. The provided data will help inform district leaders of the characteristics, health and accessibility of constituents residing in their districts and support legislative initiatives. To view congressional districts, visit www.govtrack.us/congress/members/map

54,567

### **Veterans**

### 6.9% of total population

According to the Census Bureau, "veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps."

29,402

### **Veteran Dependents**

Number of estimated dependents under 18 years old who rely on the financial support of the veteran in their household.

11,635 **Military Members** 

1.5% of total population

Active Duty and Selected Reserve 2019

### **Veteran Population by Gender**

Gender	District	State	National
Male	82.1%	85.8%	91.0%
Female	17.9%	14.2%	9.0%

Congressional District 11 has 261,833 total households, 51,739 or 19.8% of those are veteran households.

19,679

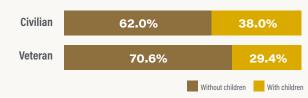
### **Military Dependents**

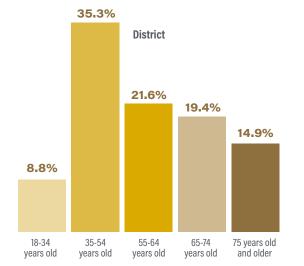
Number of spouses, children under 18, and others who rely on service member for more than half of their financial support (based on DEERS enrollment of Active Duty and Selected Reserve in 2018).

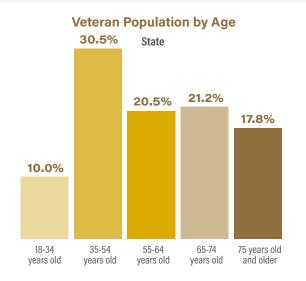
### Disability

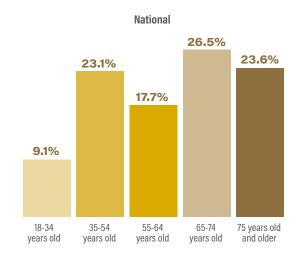
Civ	vilians	7.7%
Vet	erans	33.2%

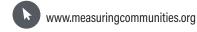
### **Households and Children**



















# Virginia Congressional District 11 Health and Well-Being

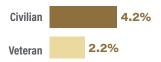
### **Poverty, Insurance Coverage and Unemployment**

	District	State	National
Civilian Poverty Rate	6.3%	9.9%	11.8%
Veteran Poverty Rate	2.7%	5.0%	6.7%
Child Poverty Rate (18 and younger)	8.4%	13.7%	18.0%
Veteran Uninsured	1.5%	2.9%	3.2%
Unemployment (Feb. 2020)	2.2%	2.6%	3.5%
Unemployment (May 2020)	9.1%	9.4%	13.3%

Those uninsured face greater barriers to care. In light of COVID-19, those living in poverty and whom are uninsured may be at a greater risk of exposure and complications from the virus.

Due to COVID-19 and the nature of the virus, unemployment rates have sharply increased between February and May of 2020. These rates may continue to be impacted over the coming months, and should be further monitored throughout the duration of the COVID-19 pandemic.

### **Households on SNAP benefits**



### **Food Desert**

	Percentage	Number
Low income civilian population living a mile or more from a supermarket	16.1%	124,159

### **Households with Food Insecurity and Access**



Supplemental Nutrition Assistance Program (SNAP) provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy foods and move towards self-sufficiency.

The standard definition of a food desert is defined as a low-income census tract with a substantial share of residents with low levels of access to retail outlets selling healthy and affordable foods. Low-access areas have at least 500 persons and/or at least 33 percent of the population lives more than one mile from a supermarket or large grocery store. Residents with a lack of access to adequate food sources have been shown to have poorer health outcomes. Living in a food desert creates a health disparity among residents that impacts quality-of-life and overall health.

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**Rural-Urban Continuum** 

According to the Rural-Urban Continuum, the counties of Fairfax and Prince William in Congressional District 11 are not defined as rural.

Codes are determined on a 1 to 9 scale, 1 being the least rural and 9 being the most rural. Rural areas often have a higher poverty rate when comparing to their urban counterparts. Poverty in rural areas may contribute to poor housing conditions and health among residents.

### **Digital Divide Index Range**

District State

8.61-10.73 4.28-50.56

In Congressional District 11, there are no areas of concern. The digital divide index is a value ranging from 0 to 100, 100 indicating the highest digital divide. A higher digital divide score is associated with limited broadband infrastructure, digital literacy, and exposure to technology benefits. In areas with higher digital divide scores, individuals may face barriers that limit their ability to obtain health information, stay informed, access online education, or secure employment options.

According to the Purdue Center for Regional Development, a digital divide score of 30 and above presents significant socioeconomic, broadband infrastructure, and adoption challenges that may limit motivation, skills, and usage of technology.

### **AARP Livability Index Range**

District State

43-48 34-65

In Congressional District 11, the counties of Fairfax and Prince William have livability scores that are below average. This indicates that these counties have scored lower on one or more of the measures that are used to assess community livability. The AARP Livability Index takes a holistic approach measuring housing, neighborhood, transportation, environment, health, engagement, and opportunity. Each metric is scored on a measure of 0 to 100, 0 being the lowest and 100 being the highest. Because health is deeply related to quality of life, higher livability scores are associated with healthier communities due to an increased access to health-related resources and quality healthcare.